**Scholarship Recommendation Form**

 **Ashland Greenwood Public Schools Foundation**

***To the Student***

You will need three recommendations, each on a separate form. Please give these forms to the appropriate people. One should be from a current or former teacher, one from an employer and one from a community member. Enter your name below and request the form be returned to the high school guidance office. You may want to consider providing the recommender with a stamped self-addressed envelope.

***To the Recommender***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for a scholarship affiliated with the

 (Student’s Name)

**Ashland Greenwood Public Schools Foundation** that requires recommendations. In order to assist in making the most informed decision regarding the student’s application to the program, please complete the following information. When completed you may return the form to the student or you may return the form directly to the High School Guidance Office, Ashland-Greenwood High School, 1842 Furnas Street, Ashland, NE 68003.

Compared to other students in the Ashland-Greenwood High School or other students that you have worked with or know, how would you rate this student? Place an “x” or check mark in the appropriate box.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Above Average** | **Average** | **Below Average** | **Poor** | **No Basis** |
| Motivation |  |  |  |  |  |  |
| Personal Character |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Respect for Others |  |  |  |  |  |  |
| Disciplined work habits |  |  |  |  |  |  |
| Organize/Use of time |  |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |  |
| Independence, Initiative |  |  |  |  |  |  |
| Ability to get along with others |  |  |  |  |  |  |

**Please include any additional supportive comments on the reverse side of this form.** If you prefer, you may attach a statement of recommendation. We welcome specific examples of student’s efforts, quotes from his/her work, and other items which will help us to differentiate this student from others.

**Please list three qualities that describe the student:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **3.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Recommender: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known student and in what capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Recommender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your recommendation form to the High School Main Office, Ashland Greenwood High School, 1842 Furnas Street, Ashland, NE 68003 by **Friday, December 7th**. Thank you very much for providing this important information.